

DECLARATION
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U.S.A.

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ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT
PARIS CONVENTION OR NON PRIORITY

ATTORNEYS' DOCKET NO.
10496/P58841NA

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original
first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject
invention which is claimed and for which patent is sought on the invention entitled:

A METHOD AND A DEVICE FOR THE EVALUATION OF BIOPOLYMER FITNESS

which is described and claimed in: X PCT International Application No PCT/EP94/00117 Filed Jan. 18, 1994

XX- attached specification

the specification in application Serial No

Filed

(if applicable) and amended on

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above,
and acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign
application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

P 43 01 005.9

Number

Germany

Country

18/1/93

Day/Month/Year Filed

Priority Claimed

X

Yes

No

PCT/EP93/01291

Number

PCT

Country

22/5/93

Day/Month/Year Filed

X

Yes

No

P 43 42 703.0

Number

Germany

Country

15/12/93

Day/Month/Year Filed

X

Yes

No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is
not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material
to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date
of this application:

Application Serial No.1

Filing Date

Status: patented, pending, abandoned

Application Serial No.2

Filing Date

Status: patented, pending, abandoned

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(20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (26,421); JONATHAN
L. SCHERER (29, 851); STANFORD W. BERMAN (17,909); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN
400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

Please use Attorney's Docket No.1 (202) 638-6665

JACOBSON, PRICE, HOLMAN & STERN

Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|----------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME RIGLER | GIVEN NAME Rudolf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Max-Planck-city Institut für Biochemische Chemie, Am Fassberg, Göttingen, Germany | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME EIGEN | GIVEN NAME Manfred | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Georg-Dehio-Weg 14 Göttingen | | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME HENCIO | GIVEN NAME Karsten | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Erkrath | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Kirchberg-4 Erkrath | | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were
made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such
willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| X <i>Rudolf Rigler</i> | | |
| DATE 3. Sept. 1995 | DATE | DATE |

- Additional inventors are named on separately numbered sheets attached hereto
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which is described and claimed in: PCT International Application No. _____ filed _____
the attached specification the specification in application Serial No. _____ filed _____
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Prior Foreign Application(s)

Priority Claimed

| Number | Country | Day/Month/Year Filed | Yes | No |
|--------|---------|----------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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(Please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|-------------------------|-----------------------------------------|-------------------------------------|-----------------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY Tallin | STATE OR FOREIGN COUNTRY Estonia | COUNTRY OF CITIZENSHIP Estonia |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Tedre 24 | CITY Tallin | STATE OR COUNTRY Estonia |
| | | | | ZIP CODE EE-0013 |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME WIDENGREN | GIVEN NAME Jerker | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Solna | STATE OR FOREIGN COUNTRY Sweden | COUNTRY OF CITIZENSHIP Sweden |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Sjovagen 2 | CITY Solna | STATE OR COUNTRY Sweden |
| | | | ZIP CODE S-17132 | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME STUKE | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Auf der Lieth 36 | CITY Gottingen | STATE OR COUNTRY Germany |
| | | | ZIP CODE D-37077 | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that without false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*

SIGNATURE OF INVENTOR 202*

SIGNATURE OF INVENTOR 203*

DATE

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☐ the attached specification ☐ the specification in application Serial No. _____ filed _____
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Priority Claimed

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Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(Please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

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| | | | | |
|-----|-------------------------|--------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME BRINKMEYER | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Hannoversche Strassel 134 | CITY Gottingen | STATE OR COUNTRY Germany |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME STIMM | GIVEN NAME Wolfgang | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Rosdorf | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Steinflurweg 2B | CITY Rosdorf | STATE OR COUNTRY Germany |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LEHMAN | GIVEN NAME Olaf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Thiestrasse 19 | CITY Gottingen | STATE OR COUNTRY Germany |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
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which is described and claimed in: ☒ PCT International Application No. PCT/EP94/00117 filed Jan. 18, 1994

☒ Attached specification

the specification in application Serial No. _____

filed _____

in application(s) and amended on _____

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P 43 01 005.9

Number

Germany

Country

18/1/93

Day/Month/Year Filed

Priority Claimed

☒ Yes ☐ No

PCT/EP93/01291

Number

PCT

Country

22/5/93

Day/Month/Year Filed

☒ Yes ☐ No

P 43 42 703.0

Number

Germany

Country

15/12/93

Day/Month/Year Filed

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| | | | | |
|-----|----------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME RIGLER | GIVEN NAME Rudolf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Max-Planck- Institut für Biophysikalische Chemie, Am Fassberg, Göttingen, Germany | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME EIGEN | GIVEN NAME Manfred | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Georg-Dehio-Weg 14 Göttingen | | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME HENCIO | GIVEN NAME Karsten | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Erkrath | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Kirchberg-4 Erkrath | | |

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| | | |
|-----|--------------------------------------|---------------------------------------------------------------|
| 101 | | |
| 102 | which is described and claimed in: | PCT International Application No. _____ filed _____ |
| | the attached specification | the specification in application Serial No. _____ filed _____ |
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Prior Foreign Applications)

Priority Claimed

| Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
|---------|-----------|------------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | ZIP CODE |
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| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
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(Filing Date)

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (28,421); JONATHAN SCHERER (29, 851); STANFORD W. BERMAN (17,909); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN
400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|-------------------------|-------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME BRINKMEYER | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Hannoversche Strassel 34 | CITY Göttingen | STATE OR COUNTRY Germany |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME SIMM | GIVEN NAME Wolfgang | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Rosdorf | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Steinflurweg 2B | CITY Rosdorf | STATE OR COUNTRY Germany |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LEHMAN | GIVEN NAME Olaf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Thiestrasse 19 | CITY Göttingen | STATE OR COUNTRY Germany |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE |

Additional inventors are named on separately numbered sheets attached hereto.
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10496/P58841NA

I, as a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name. The information given herein is true, that I believe that I am the original,
first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject
invention which is claimed and for which patent is sought on the invention entitled:

A METHOD AND A DEVICE FOR THE EVALUATION OF BIOPOLYMER FITNESS

which is described and claimed in: X PCT International Application No. PCT/EP94/00117 Filed Jan. 18, 1994

XX-9 attached specification

the specification in application Serial No.

(if applicable) and amended on

I hereby state that I have reviewed and understand the contents of the above-certified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign
application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Foreign Applications:

P 43 01 005.9

Number

Germany

Country

18/1/93

Day/Month/Year Filed

Priority Claimed

X

-

Yes

No

PCT/EP93/01291

Number

PCT

Country

22/5/93

Day/Month/Year Filed

X

-

Yes

No

P 43 42 703.0

Number

Germany

Country

15/12/93

Day/Month/Year Filed

X

-

Yes

No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is
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Filing Date

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SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN
400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

Please use Attorney's Docket No. (202) 638-6663

JACOBSON, PRICE, HOLMAN & STERN

Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|-------------------------|---------------------|--------------------------|------------------------|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |

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SIGNATURE OF INVENTOR 201*

SIGNATURE OF INVENTOR 202*

SIGNATURE OF INVENTOR 203*

DATE

DATE

DATE

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which is described and claimed in: ☐ PCT International Application No. _____ filed _____
the attached specification ☐ the specification in application Serial No. _____ filed _____
(if applicable) and amended on _____

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Prior Foreign Application(s)

| Number | Country | Date/Month/Year Filed | Priority Claimed |
|--------|---------|-----------------------|----------------------------------------------------------|
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| Application Serial No. | Filing Date | Status: patented, pending, abandoned |
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SEND CORRESPONDENCE TO:

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400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

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| | | | | |
|-----|-------------------------|-----------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME METS | GIVEN NAME Ulo | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Tallin | STATE OR FOREIGN COUNTRY Estonia | COUNTRY OF CITIZENSHIP Estonia |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Tedre 24 | CITY Tallin | STATE OR COUNTRY Estonia |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME WIDENGREN | GIVEN NAME Jerker | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Solna | STATE OR FOREIGN COUNTRY Sweden | COUNTRY OF CITIZENSHIP Sweden |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Sjovagen 2 | CITY Solna | STATE OR COUNTRY Sweden |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME STUKE | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Auf der Lieth 36 | CITY Gottingen | STATE OR COUNTRY Germany |

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| | | |
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| DATE | DATE | DATE |

* Additional inventors are named on separately numbered sheets attached hereto.

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the attached specification the specification in application Serial No. _____ filed _____
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| Number | Country | Day/Month/Year Filed | Priority Claimed |
|--------|---------|----------------------|------------------|
| _____ | _____ | _____ | Yes No |
| _____ | _____ | _____ | Yes No |
| _____ | _____ | _____ | Yes No |

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(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN
400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6665

JACOBSON, PRICE, HOLMAN & STERN

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| | | | | |
|-----|-------------------------|-------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME BRINKMEYER | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Hannoversche Strassel 34 | CITY Gottingen | STATE OR COUNTRY Germany |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME SIMM | GIVEN NAME Wolfgang | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Rosdorf | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Steinflurweg 2B | CITY Rosdorf | STATE OR COUNTRY Germany |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LEHMAN | GIVEN NAME Olaf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Thiestrasse 19 | CITY Gottingen | STATE OR COUNTRY Germany |

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| | | |
|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE |

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10496/P58841NA

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invention which is claimed and for which patent is sought on the invention entitled:

A METHOD AND A DEVICE FOR THE EVALUATION OF BIOPOLYMER FITNESS

which is described and claimed in:

X PCT International Application No PCT/EP94/00117

Filed Jan. 18, 1994

XX-see attached specification

the specification in application Serial No

Filed

of applicable and amended on

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Prior Foreign Application(s)

P 43 01 005.9

Number

Germany

Country

18/1/93

Day/Month/Year Filed

Priority Claimed

X

-

Yes

No

PCT/EP93/01291

Number

PCT

Country

22/5/93

Day/Month/Year Filed

X

-

Yes

No

P 43 42 703.0

Number

Germany

Country

15/12/93

Day/Month/Year Filed

X

-

Yes

No

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of this application:

Application Serial No.

Filing Date

Status: patented, pending, abandoned

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400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

PLEASE USE Attorney's Docket No. (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

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| | | | | |
|-----|-------------------------|---------------------------------------------------------------------------------------------------|--------------------------|------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Max-Planck-Inst. fur Biophysikalische Chemie, Am Fassberg, Göttingen, Germany | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Georg-Dohio-Weg 14, Göttingen, Germany | | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Kirchberg-4, Erkrath, Germany | | |

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 101
102

which is described and claimed in: ☐ PCT International Application No. _____ filed _____
☐ the attached specification ☐ the specification in application Serial No. _____ filed _____
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Prior Foreign Application(s)

Priority Claimed

| Number | Country | Day/Month/Year Filed | Yes | No |
|--------|---------|----------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
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| | | |
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| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE August 10, 1995 | DATE | DATE |

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ATTORNEYS' DOCKET NO.
10496/P58841NA

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original,
first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject
matter which is claimed and for which patent is sought on the invention entitled:

A METHOD AND A DEVICE FOR THE EVALUATION OF BIOPOLYMER FITNESS

which is described and claimed in: ☒ PCT International Application No PCT/EP94/00117 filed Jan. 18, 1994

☒ the attached specification

the specification in application Serial No _____

if applicable and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above,
acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign
application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

P 43 01 005.9

Number

Germany

Country

18/1/93

Law/Month/Year Filed

Priority Claimed

X

-

Yes

No

PCT/EP93/01291

Number

PCT

Country

22/5/93

Law/Month/Year Filed

X

-

Yes

No

P 43 42 703.0

Number

Germany

Country

15/12/93

Law/Month/Year Filed

X

-

Yes

No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is
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of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

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(20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (26,421); JONATHAN
L. SCHERER (29, 851); STANFORD W. BERMAN (17,909); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN
400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(Please use Attorney's Docket No.) (202) 638-6665

JACOBSON, PRICE, HOLMAN & STERN

Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|----------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME RIGLER | GIVEN NAME Rudolf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Max-Planck- Institut für Biophysikalische Chemie, Am Fassberg, Göttingen, Germany | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME EIGEN | GIVEN NAME Manfred | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Georg-Dehio-Weg 14 Göttingen, Germany | | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME HEINCO | GIVEN NAME Karsten | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Erkrath | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Kirchberg-4 Erkrath, Germany | | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were
made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such
willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE |

Additional inventors are named on separately numbered sheets attached hereto
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DECLARATION
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10496/P58841NAALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT
PARIS CONVENTION OR NON PRIORITY

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| | | |
|-----|---------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 101 | | |
| 102 | which is described and claimed in: | <input type="checkbox"/> PCT International Application No. _____ filed _____ |
| | <input type="checkbox"/> the attached specification | <input type="checkbox"/> the specification in application Serial No. _____ filed _____ |
| | <input type="checkbox"/> (if applicable) and amended on _____ | |

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Prior Foreign Application(s)

Priority Claimed

| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
|----------|-----------|------------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

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| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|-------------------------|---------------------|--------------------------|------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| 202 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| 203 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
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| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
|----------------------------|----------------------------|----------------------------|
| | X Jerker Widengren | |
| DATE | DATE 3/7-95 | DATE |

* Additional inventors are named on separately numbered sheets attached hereto.

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DECLARATION
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|-----|--------------------------------------|---------------------------------------------------|-------------|
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| 102 | the attached specification | the specification in application Serial No. _____ | filed _____ |
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Prior Foreign Applications:

| Number | Country | Date/Month/Year Filed | Priority Claimed |
|--------|---------|-----------------------|------------------|
| ____ | ____ | ____ | Yes No |
| ____ | ____ | ____ | Yes No |
| ____ | ____ | ____ | Yes No |

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| Application Serial No. | Filing Date | Status: patented, pending, abandoned |
|------------------------|-------------|--------------------------------------|
| ____ | ____ | ____ |
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Washington, D.C. 20004

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(please use Attorney's Docket No.) (202) 638-6665

JACOBSON, PRICE, HOLMAN & STERN

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| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|-------------------------|--------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Hannoversche Strassel 134 | CITY Gottingen | STATE OR COUNTRY Germany |
| | | | | ZIP CODE D-37077 |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME SIMM | GIVEN NAME Wolfgang | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Rosdorf | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Steinflurweg 2B | CITY Rosdorf | STATE OR COUNTRY Germany |
| | | | ZIP CODE D-37124 | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LEHMAN | GIVEN NAME Olaf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Thiestrasse 19 | CITY Gottingen | STATE OR COUNTRY Germany |
| | | | ZIP CODE D-37077 | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
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DECLARATION
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Prior Foreign Application(s)

Priority Claimed

| Number | Country | Day/Month/Year Filed | Yes | No |
|--------|---------|----------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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(Filing Date)

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400 Seventh Street, N.W.
Washington, D.C. 20004

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(please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

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| | | | | |
|-----|-------------------------|---------------------|--------------------------|------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |

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| DATE | DATE | DATE |

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Germany

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18/1/93

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Priority Claimed

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No

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(Day/Month/Year Filed)

X

No

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Number

Germany

(Country)

15/12/93

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| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6665

JACOBSON, PRICE, HOLMAN & STERN

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|-------------------------|---------------------|--------------------------|------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| 202 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
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| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
|----------------------------|----------------------------|----------------------------|
| | | |
| DATE | DATE | DATE |

* Additional inventors are named on separately numbered sheets attached hereto.

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DECLARATION
AND POWER OF ATTORNEY
U.S.A.

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ATTORNEYS' DOCKET NO.
10496/P58841NAALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT
PARIS CONVENTION OR NON PRIORITY

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

| | | | |
|-----|------------------------------------|---------------------------------------------------|-------------|
| 101 | which is described and claimed in: | PCT International Application No. _____ | filed _____ |
| 102 | the attached specification | the specification in application Serial No. _____ | filed _____ |
| | | (if applicable) and amended on _____ | |

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above, acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

| Number | Country | Day/Month/Year Filed | Yes | No |
|--------|---------|----------------------|--------------------------|--------------------------|
| ____ | ____ | ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ____ | ____ | ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ____ | ____ | ____ | <input type="checkbox"/> | <input type="checkbox"/> |

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| (Application Serial No.) | (Filing Date) | (Status: patented, pending, abandoned) |
|--------------------------|---------------|----------------------------------------|
| ____ | ____ | ____ |
| ____ | ____ | ____ |

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SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN
400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(Please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

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| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
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| 201 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
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A METHOD AND A DEVICE FOR THE EVALUATION OF BIOPOLYMER FITNESS

which is described and claimed in: ☒ PCT International Application No. PCT/EP94/00117 filed Jan. 18, 1994

☒ attached specification

the specification in application Serial No. _____

(if applicable) and amended on _____

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Prior Foreign Application(s)

P 43 01 005.9

Number

Germany

Country

18/1/93

Day/Month/Year Filed

Priority Claimed

☒ Yes

☐ No

PCT/EP93/01291

Number

PCT

Country

22/5/93

Day/Month/Year Filed

☒ Yes

☐ No

P 43 42 703.0

Number

Germany

Country

15/12/93

Day/Month/Year Filed

☒ Yes

☐ No

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(Filing Date)

(Status: patented, pending, abandoned)

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(Please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

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| | | | | |
|-----|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME <u>RIGLER</u> | GIVEN NAME <u>Rudolf</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Göttingen</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>Germany</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Max-Planck-Inst.</u> <u>Institut für Biophysikalische Chemie, Am Fassberg, Göttingen, Germany</u> STATE OR COUNTRY <u>Germany</u> ZIP CODE <u>D-37077</u> | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME <u>EIGEN</u> | GIVEN NAME <u>Manfred</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Göttingen</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>Germany</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Georg-Dehio-Weg 14</u> <u>Göttingen</u> STATE OR COUNTRY <u>Germany</u> ZIP CODE <u>D-37075</u> | | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME <u>HENCO</u> | GIVEN NAME <u>Karsten</u> | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY <u>Erkrath</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>Germany</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Kirchberg-4</u> <u>Erkrath</u> STATE OR COUNTRY <u>Germany</u> ZIP CODE <u>D-40699</u> | | |

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| (Number) | (Country) | (Day/Month/Year Filed) | Priority Claimed |
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| _____ | _____ | _____ | Yes No |
| _____ | _____ | _____ | Yes No |
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(please use Attorney's Docket No.) (202) 638-6663

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|-----|----------------------------|---------------------|--------------------------|------------------------|
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Prior Foreign Applications:

Priority Claimed

| Number | Country | Day/Month/Year Filed | Yes | No |
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| | | | | |
|-----|-------------------------|-------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME BRINKMEYER | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Hannoversche Strasse 134 | CITY Göttingen | STATE OR COUNTRY Germany |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME SIMM | GIVEN NAME Wolfgang | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Rosdorf | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Steinflurweg 2B | CITY Rosdorf | STATE OR COUNTRY Germany |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LEHMAN | GIVEN NAME Olaf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Thiestrasse 19 | CITY Göttingen | STATE OR COUNTRY Germany |

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| DATE 17 July 1995 | DATE | DATE |

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☒ the specification in application Serial No _____ filed _____
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P 43 01 005.9

Number

Germany

(Country)

18/1/93

(Filing Date)

Priority Claimed

X

Yes

No

PCT/EP93/01291

Number

PCT

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22/5/93

(Filing Date)

X

Yes

No

P 43 42 703.0

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Germany

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As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

| | | |
|-----|--------------------------------------|----------------------------------------------------------------------------------------|
| 101 | | |
| 102 | which is described and claimed in: | <input type="checkbox"/> PCT International Application No. _____ filed _____ |
| | the attached specification | <input type="checkbox"/> the specification in application Serial No. _____ filed _____ |
| | (if applicable) and amended on _____ | |

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications

Priority Claimed

| (Number) | (Country) | (Date/Month/Year Filed) | Yes | No |
|----------|-----------|-------------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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| (Application Serial No.) | (Filing Date) | (Status: patented, pending, abandoned) |
|--------------------------|---------------|----------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29, 851); STANFORD W. BERMAN (17,909); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN
400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(Please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|-------------------------|---------------------|--------------------------|------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
|----------------------------|----------------------------|----------------------------|
| DATE | DATE | DATE |

* Additional inventors are named on separately numbered sheets attached hereto.

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ATTORNEYS' DOCKET NO.
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| | | | |
|-----|--------------------------------------|---------------------------------------------------|-------------|
| 101 | which is described and claimed in: | PCT International Application No. _____ | Filed _____ |
| | the attached specification | the specification in application Serial No. _____ | Filed _____ |
| 102 | (if applicable) and amended on _____ | | |

I hereby state that I have reviewed and understand the contents of the above-certified specifications, including the claims, as amended by any amendment referred to above, acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §156.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

| Number(s) | (Country) | Day/Month/Year Filed | Priority Claimed | |
|-----------|-----------|----------------------|------------------|----|
| _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | Yes | No |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §156 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| | | |
|--------------------------------|---------------------|----------------------------------------------|
| (Application Serial No.) _____ | (Filing Date) _____ | (Status: patented, pending, abandoned) _____ |
| (Application Serial No.) _____ | (Filing Date) _____ | (Status: patented, pending, abandoned) _____ |

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400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(Please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|-------------------------|-------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME BRINKMEYER | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Hannoversche Strassel 34 | CITY Gottingen | STATE OR COUNTRY Germany |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME SIMM | GIVEN NAME Wolfgang | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Rosdorf | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Steinflurweg 2B | CITY Rosdorf | STATE OR COUNTRY Germany |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LEHMAN | GIVEN NAME Olaf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Thiestrasse 19 | CITY Gottingen | STATE OR COUNTRY Germany |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|----------------------------|----------------------------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* <i>W. Simm</i> | SIGNATURE OF INVENTOR 203* |
| DATE | DATE 17.07.1995 | DATE |

Additional inventors are named on separately numbered sheets attached hereto.
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360720 OFF 2060

DECLARATION
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ATTORNEYS' DOCKET NO.
10496/P58841MA

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first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject
invention which is claimed and for which patent is sought on the invention entitled,

A METHOD AND A DEVICE FOR THE EVALUATION OF BIOPOLYMER FITNESS

which is described and claimed in:

X PCT International Application No. PCT/EP94/00117

Filed Jan. 16, 1994

XX- attached specification

the specification in application Serial No.

if applicable) and amended on

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign
application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

P 43 01 005.9

Number

Germany

(Country)

18/1/93

Day/Month/Year Filed

Priority Claimed

X

-

Yes

No

PCT/EP93/01291

Number

PCT

(Country)

22/5/93

Day/Month/Year Filed

X

-

Yes

No

P 43 42 703.0

Number

Germany

(Country)

15/12/93

Day/Month/Year Filed

X

-

Yes

No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is
disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material
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(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO:

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400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN

Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|----------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME RICHLER | GIVEN NAME Rudolf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Max-Planck-City Institut für Biophysikalische Chemie, Am Fassberg, Göttingen, Germany | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME EIGEN | GIVEN NAME Manfred | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Göttingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Georg-Dahlg-Weg 14 Göttingen | | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME HEINCO | GIVEN NAME Karsten | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Erkrath | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Kirchberg-4 Erkrath | | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were
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SIGNATURE OF INVENTOR 201*

SIGNATURE OF INVENTOR 202*

SIGNATURE OF INVENTOR 203*

DATE

DATE

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Additional inventors are named on separately numbered sheets attached hereto.
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PARIS CONVENTION OR NON PRIORITYATTORNEYS' DOCKET NO.
10496/P58841NA

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| | | |
|-----|------------------------------------|----------------------------------------------------------------------------------------|
| 101 | which is described and claimed in: | <input type="checkbox"/> PCT International Application No. _____ filed _____ |
| 102 | the attached specification | <input type="checkbox"/> the specification in application Serial No. _____ filed _____ |
| | | (if applicable) and amended on _____ |

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Prior Foreign Application(s)

| (Number) | (Country) | (Day/Month/Year Filed) | Priority Claimed | |
|----------|-----------|------------------------|------------------------------|-----------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| _____ | _____ | _____ |
| _____ | _____ | _____ |

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400 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6665

JACOBSON, PRICE, HOLMAN & STERN

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| | FULL NAME* OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|----------------------------|---------------------|--------------------------|------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| 202 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | | | ZIP CODE |
| 203 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
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| | | |
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| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE |

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| Number | Country | Day/Month/Year Filed | Priority Claimed | |
|--------|---------|----------------------|------------------|----|
| _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | Yes | No |

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JACOBSON, PRICE, HOLMAN & STERN

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|-------------------------|----------------------------------------------------------------|-------------------------------------|-----------------------------------|
| 201 | FULL NAME* OF INVENTOR | FAMILY NAME BRINKMEYER | GIVEN NAME Michael | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | Hannoversche Strasse 134 Gottingen Germany ZIP CODE D-37077 | | |
| 202 | FULL NAME* OF INVENTOR | FAMILY NAME STIMM | GIVEN NAME Wolfgang | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Rosdorf | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | Steinflurweg 2B Rosdorf Germany ZIP CODE D-37124 | | |
| 203 | FULL NAME* OF INVENTOR | FAMILY NAME LEHMANN | GIVEN NAME Olaf | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Gottingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP Germany |
| | POST OFFICE ADDRESS | Thiestrasse 10 Gottingen Germany ZIP CODE D-37077 | | |

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| | | |
|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE |
| | | 7/17/95 |

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